

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated June 15, 2007 Signature:

(Harvey L. Cohen)

Docket No.: MEDNUT 3.0-002
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :
Arnold M. Gans :
Application No. 10/689,236 : Group Art Unit: 1615
Filed: October 20, 2003 : Examiner: H. N. Sheikh
For: METHOD FOR TREATING WOUNDS TO :
PROMOTE HEALING :

MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Official Action mailed April 20, 2007,
please amend the above-identified U.S. patent application as
follows.



AMENDMENT TRANSMITTAL LETTER

Docket No.
MEDNUT 3.0-002

Application No.
10/689,236-Conf. #4071

Filing Date
October 20, 2003

Examiner
H. N. Sheikh

Art Unit
1615

Applicant(s): Arnold M. Gans

Invention: METHOD FOR TREATING WOUNDS TO PROMOTE HEALING

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	28	- 58 =	0	x 25.00	0.00
Independent Claims	4	- 5 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Harvey L. Cohen
Attorney/Agent Reg. No.: 28,365

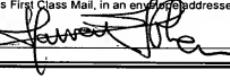
Dated: June 15, 2007

LERNER, DAVID, LITTBENBERG, KRUMHOLZ & MENTLIK, LLP
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